

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning , and ending**B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

YOUTH DEVELOPMENT FUND, INC.

Number and street (or P.O. box if mail is not delivered to street address)

8 CANBERRA DRIVE

Room/suite

City or town, state or country, and ZIP + 4

KNOXVILLE

TN 37923

D Employer identification no.

58-1494135

E Telephone number

865-690-8521

F Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates **H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach list. See instr.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No**I Group Exemption Number****M Check** ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G Website:** N/A**J Organization type**(check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K Check here** ☐ if the organization's gross receipts are normally not more than \$25,000

The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **3,487,407****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)****1 Contributions, gifts, grants, and similar amounts received****a Direct public support****1a** 3,162,863**b Indirect public support****1b****c Government contributions (grants)****1c****d Total** (add lines 1a through 1c) (cash \$ 3,162,863 noncash \$)**1d** 3,162,863**2 Program service revenue including government fees and contracts (from Part VII, line 93)****2****3 Membership dues and assessments****3****4 Interest on savings and temporary cash investments****4** 3,864**5 Dividends and interest from securities****5** 1,749**6a Gross rents****6a****b Less rental expenses****6b****c Net rental income or (loss)** (subtract line 6b from line 6a)**6c****7 Other investment income (describe)****7****8a Gross amount from sales of assets other than inventory**

(A) Securities

318,931

8a

(B) Other

b Less cost or other basis and sales expenses

258,955

8b**c Gain or (loss)** (attach schedule)

59,976

8c**d Net gain or (loss)** (combine line 8c, columns (A) and (B)) SEE STMT 1**8d** 59,976**9 Special events and activities (attach schedule). If any amount is from gaming, check here** ☐**a** Gross revenue (not including \$ of contributions reported on line 1a)**9a****b Less direct expenses other than fundraising expenses****9b****c Net income or (loss) from special events** (subtract line 9b from line 9a)**9c****10a Gross sales of inventory, less returns and allowances****10a****b Less cost of goods sold****10b****c Gross profit or (loss)** from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c****11 Other revenue (from Part VII, line 103)****11****12 Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** 3,228,452**13 Program services** (from line 44, column (B))**13** 426,145**14 Management and general** (from line 44, column (C))**14** 105,091**15 Fundraising** (from line 44, column (D))**15** 2,644,913**16 Payments to affiliates** (attach schedule)**16****17 Total expenses** (add lines 16 and 44, column (A))**17** 3,176,149**18 Excess or (deficit) for the year** (subtract line 17 from line 12)**18** 52,303**19 Net assets or fund balances at beginning of year** (from line 73, column (A))**19** 509,776**20 Other changes in net assets or fund balances** (attach explanation)

SEE STATEMENT 2

20 156,538**21 Net assets or fund balances at end of year** (combine lines 18, 19, and 20)**21** 718,617

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22				
23	Specific assistance to individuals	23				
24	Benefits paid to or for members	24				
25	Compensation of officers, directors, etc.	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30	2,625,838			2,625,838
31	Accounting fees	31	12,002		12,002	
32	Legal fees	32	13,410		13,410	
33	Supplies	33	6,569		6,569	
34	Telephone	34	3,421		3,421	
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	16,801		16,801	
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	580		580	
43	Other expenses not covered above (itemize) a	43a				
b	SEE STATEMENT 3	43b	497,528	426,145	52,308	19,075
c		43c				
d		43d				
e		43e				
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	3,176,149	426,145	105,091	2,644,913

Joint Costs. Check ☒ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

▶ ☒ Yes ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 3,007,330, (ii) the amount allocated to Program services \$ 343,342.(iii) the amount allocated to Management and general \$ 19,075, and (iv) the amount allocated to Fundraising \$ 2,644,913**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

▶ SUPPORT CHILDREN'S EDUCATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a	SUPPORT AND PROMOTE EDUCATION PROGRAMS AND SERVICES FOR CHILDREN				
	(Grants and allocations \$ <u> </u>)				426,145
b					
	(Grants and allocations \$ <u> </u>)				
c					
	(Grants and allocations \$ <u> </u>)				
d					
	(Grants and allocations \$ <u> </u>)				
e	Other program services (attach schedule)		(Grants and allocations \$ <u> </u>)		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				426,145

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	118,268	45	30,261
46	Savings and temporary cash investments		46	
47a	Accounts receivable			
b	Less allowance for doubtful accounts		47c	
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	612	53	
54	Investments-securities SEE STATEMENT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	102,030	54	400,070
55a	Investments-land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule) SEE STMT 5	285,000	56	285,000
57a	Land, buildings, and equipment basis	7,491		
b	Less accumulated depreciation (attach schedule) SEE STATEMENT 6	4,205	57c	3,286
58	Other assets (describe)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	509,776	59	718,617
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe)		65	
66	Total liabilities (add lines 60 through 65)	0	66	0
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	509,776	67	718,617
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	509,776	73	718,617
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	509,776	74	718,617

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a X	
b If "Yes," enter the name of the organization CRUSADE FOR CHILD SAFETY, INC. and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. See line 81 instructions	81a	
b Did the organization file Form 1120-POL for this year?	81b	X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b N/A	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b N/A	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h N/A	
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> ; section 4912 <u>0</u> , section 4955 <u>0</u>		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a List the states with which a copy of this return is filed SEE ATTACHED STATEMENT	90b	0
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)		
91 The books are in care of RICHARD H. BOWEN, JR. Located at 8 CANBERRA DR., KNOXVILLE, TN	Telephone no 865-690-8521 ZIP + 4 37923	
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,864	
96 Dividends and interest from securities			14	1,749	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	59,976	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		65,589	0
105 Total (add line 104, columns (B), (D), and (E))				65,589	65,589

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)


(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)Please
Sign

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.


 Signature of officer

 9/4/05
 Date

PRESIDENT

Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. W)
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SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

YOUTH DEVELOPMENT FUND, INC.

58-1494135

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl ben plans & deferred comp	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ASSOCIATED COMMUNITY SERVICES, INC. 24681 NORTHWESTERN HWY SOUTHFIELD MI	FUND RAISING	2,324,096
TELEQUAL 117 EAST WEBSTER OSCEOLA IA 50213	FUND RAISING	237,339
Total number of others receiving over \$50,000 for professional services		0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

SEE STATEMENT 8

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►**
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
- 11b** ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,080,467	4,617,669	3,806,425	4,087,330	16,591,891
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(e)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	4,080,467	4,617,669	3,806,425	4,087,330	16,591,891
24 Line 23 minus line 17	4,080,467	4,617,669	3,806,425	4,087,330	16,591,891
25 Enter 1% of line 23	40,805	46,177	38,064	40,873	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					331,838
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					16,591,891
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					16,591,891
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					100.0000%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year					N/A
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					N/A
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)			
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?			
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d Copies of all material used by the organization or on its behalf to solicit contributions?			
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?			
b Admissions policies?			
c Employment of faculty or administrative staff?			
d Scholarships or other financial assistance?			
e Educational policies?			
f Use of facilities?			
g Athletic programs?			
h Other extracurricular activities?			
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a Does the organization receive any financial aid or assistance from a governmental agency?			
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement			
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) N/ACheck ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table-		
If the amount on line 40 is-		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is-		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
MARKETABLE SECURITIES- SEE ATTACHED SCHEDULE PURCHASE				VARIOUS	VARIOUS	\$ 207,959	\$ 92,836	\$	\$ 115,123
MARKETABLE SECURITIES - SEE ATTACHED SCHEDULE PURCHASE				VARIOUS	VARIOUS	110,972	166,119		-55,147
TOTAL						\$ 318,931	\$ 258,955	\$ 0	\$ 59,976

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ 156,538
TOTAL	<u>\$ 156,538</u>

Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
BANK CHARGES	21,086		21,086	
CONSULTING FEES	381,492	343,342	19,075	19,075
DUES & SUBSCRIPTIONS	173		173	
PRIZES & WISHES	82,803	82,803		
INSURANCE	7,555		7,555	
REGISTRATION FEES	3,199		3,199	
UTILITIES	1,220		1,220	
TOTAL	<u>\$ 497,528</u>	<u>\$ 426,145</u>	<u>\$ 52,308</u>	<u>\$ 19,075</u>

Federal Statements

Statement 4 - Form 990, Part IV, Line 54 - Investments in Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
CORPORATE STOCK	102,030	400,070	MARKET
	<u>102,030</u>	<u>400,070</u>	

Statement 5 - Form 990, Part IV, Line 56 - Other Investments

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
MINORITY EQUITY INTERESTS	\$ 285,000	\$ 285,000	COST
TOTAL	<u>\$ 285,000</u>	<u>\$ 285,000</u>	

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
FURNITURE & EQUIPMENT	\$ 7,491	\$ 3,625	\$ 7,491	\$ 4,205
TOTAL	<u>\$ 7,491</u>	<u>\$ 3,625</u>	<u>\$ 7,491</u>	<u>\$ 4,205</u>

Federal Statements

Statement 7 - Form 990, Part V, Line 75 - Information on Compensation Exceeding \$100,000

Payee Name	Related Organization Name1	Related Organization Name2	Organization EIN	Compensation	Benefits	Expenses
RICHARD H. BOWEN		CRUSADE FOR CHILD SAFETY, INC.	31-1657950	44,920		

**Statement 8 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of
Exp**

SEE FORM 990 PART V

Youth Development Fund, Inc.

58-1494135

Form 990, Part VI, Question 90a

Alabama
Arkansas
California
Delaware
Florida
Georgia
Iowa
Idaho
Illinois
Indiana
Kansas
Kentucky
Maryland
Missouri
Montana
Nebraska
New Jersey
Nevada
Ohio
Oklahoma
Oregon
Virginia
Washington
Wyoming
Texas
Tennessee
Pennsylvania

Youth Development Fund

SMD 9/28/05

Capital Gains
2004

Account Number	Description	Date Purch	Date Sold	Proceeds	Cost	Gain (Loss)	S/L
	Appiers Corp	11/9/2001	4/16/2004	2,271	3,856	(1,585)	L
	Appiers Corp	11/9/2001	4/16/2004	3,806	6,322	(2,516)	L
	Appiers Corp	11/9/2001	4/16/2004	5,671	10,133	(4,462)	L
	EMC Corp	11/6/2000	1/22/2004	3,013	19,694	(16,681)	L
*	Federated Tech	Various	5/24/2004	2,671	2,683	(12)	L
	Foundry Networks	11/6/2000	1/22/2004	7,176	20,160	(12,984)	L
	IPIX	1/20/2004	4/16/2004	1,202	257	945	S
	IPIX	1/20/2004	4/16/2004	3,594	772	2,822	S
	IPIX	1/20/2004	4/16/2004	4,235	901	3,334	S
	IPIX	1/20/2004	4/16/2004	5,450	1,158	4,292	S
	IPIX	3/19/2004	4/16/2004	1,211	239	972	S
	IPIX	3/19/2004	4/16/2004	606	105	501	S
	IPIX	3/19/2004	4/16/2004	11,932	2,089	9,843	S
	IPIX	3/19/2004	4/16/2004	28,760	5,013	23,747	S
	IPIX	3/19/2004	4/16/2004	2,996	522	2,474	S
	IPIX	1/20/2004	4/12/2004	5,005	510	4,495	S
	IPIX	1/20/2004	4/12/2004	7,548	768	6,780	S
	IPIX	1/20/2004	4/12/2004	27,450	2,791	24,659	S
	IPIX	1/20/2004	4/12/2004	27,860	2,833	25,027	S
	JP Morgan Chase	4/30/2004	5/27/2004	9	11	(2)	S
	JP Morgan Chase	1/20/2004	5/24/2004	9,132	10,080	(948)	S
	JP Morgan Chase	4/30/2004	5/24/2004	71	77	(6)	S
	Lilly Eli & Co	3/10/2004	4/21/2004	50	50	0	S
	Lilly Eli & Co	1/20/2004	4/16/2004	10,157	9,933	224	S
	Merck & Co	4/1/2004	4/21/2004	37	35	2	S
	Merck & Co	1/20/2004	4/16/2004	10,013	9,967	46	S
	Merck & Co	4/1/2004	4/16/2004	47	45	2	S
	Microvision Inc	11/9/2001	4/16/2004	922	1,417	(495)	L
	Microvision Inc	11/9/2001	4/16/2004	1,841	2,834	(993)	L
	Microvision Inc	11/9/2001	4/16/2004	3,777	5,809	(2,032)	L
	Microvision Inc	4/12/2004	4/16/2004	921	1,463	(542)	L
	Microvision Inc	4/12/2004	4/16/2004	829	1,319	(490)	L
	Microvision Inc	4/12/2004	4/16/2004	1,025	1,612	(587)	L
	Microvision Inc	4/12/2004	4/16/2004	3,820	6,004	(2,184)	L
	Microvision Inc	1/20/2004	4/16/2004	1,677	1,374	303	S
	Microvision Inc	1/20/2004	4/16/2004	10,598	8,740	1,858	S
	Microvision Inc	1/22/2004	4/16/2004	926	763	163	S
	Microvision Inc	1/22/2004	4/16/2004	509	425	84	S
	Microvision Inc	1/22/2004	4/16/2004	3,264	2,698	566	S
	Microvision Inc	1/22/2004	4/16/2004	414	348	66	S
	Microvision Inc	1/22/2004	4/16/2004	1,839	1,531	308	S
	Microvision Inc	1/22/2004	4/16/2004	2,758	2,314	444	S
	Microvision Inc	1/22/2004	4/16/2004	4,597	3,832	765	S
	Microvision Inc	1/22/2004	4/16/2004	9,194	7,618	1,576	S
	Network Appliance	11/6/2000	1/22/2004	3,929	20,034	(16,105)	L
	Nortel Networks	11/9/2001	3/19/2004	8,077	10,050	(1,973)	L
	Palm Inc	11/9/2001	1/22/2004	1,922	6,002	(4,080)	L
	Pfizer Inc	3/5/2004	5/27/2004	11	12	(1)	S
	Pfizer Inc	1/20/2004	5/24/2004	9,712	9,946	(234)	S
	Pfizer Inc	3/5/2004	5/24/2004	34	37	(3)	S
	Qualcomm Inc	3/26/2004	4/21/2004	13	12	1	S
	Qualcomm Inc	3/31/2003	4/16/2004	15	10	5	L
	Qualcomm Inc	6/27/2003	4/16/2004	16	9	7	S
	Qualcomm Inc	11/9/2001	4/16/2004	11,418	9,941	1,477	L
	Qualcomm Inc	9/26/2003	4/16/2004	18	12	6	S
	Qualcomm Inc	3/26/2004	4/16/2004	1	1	0	S
	Qualcomm Inc	12/26/2003	4/16/2004	15	12	3	S
	Sun Microsystems	11/9/2001	4/16/2004	3,149	10,107	(6,958)	L
*	Van Kampen Aggress	Various	1/22/2004	4,998	4,997	1	S
	Verusign	1/3/2001	1/22/2004	4,938	20,155	(15,217)	L
	Yahon	11/9/2001	4/16/2004	39,781	10,043	29,738	L
	Short Term Total			207,959	92,837	115,122	
	Long Term Total			110,972	169,648	(58,676)	
	Total Capital Gains			318,931	262,485	56,446	
	Disallowed Loss					3,530	
						59,976	

Prior Year

Acct #'s

SMD 9/28/05

[illegible]

Prior Year
Acct. #'s

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041
Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	YOUTH DEVELOPMENT FUND, INC.	58-1494135
	Number, street, and room or suite no. If a P.O. box, see instructions 8 CANBERRA DRIVE	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. KNOXVILLE TN 37923		

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ►

Telephone No ►

FAX No ►

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15/05, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year 2004 or
► ☐ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

\$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

\$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

\$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 12-2004)

• If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer Identification number
	YOUTH DEVELOPMENT FUND, INC.	58-1494135
	Number, street, and room or suite no. If a P.O. box, see instructions. 8 CANBERRA DRIVE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. KNOXVILLE TN 37923	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ► RICHARD H. BOWEN, JR.

Telephone No. ► 865-690-8521

FAX No. ►

• If the organization does **not** have an office or place of business in the United States, check this box ☐

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/05

5 For calendar year 2004, or other tax year beginning, and ending

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►  Title ► CPA Date ► 8/4/05

Notice to Applicant-To Be Completed by the IRS

- ☐ We **have** approved this application. Please attach this form to the organization's return
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- ☐ Other

By _____

Director

Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	PINKSTAFF, DANIELS & SIMPSON, P.C.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 8858 CEDAR SPRINGS LANE, SUITE 5000
	City or town, province or state, and country (including postal or ZIP code) KNOXVILLE TN 37923